

MDR Tracking Number: M5-05-1012-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-29-04.

The IRO reviewed chiropractic manipulative treatments, manual therapy technique, neuromuscular re-education, acupuncture, therapeutic exercises & activities, electrical stimulation (unattended), and ultrasound on 12-4-03 through 6-14-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

On 1-19-05, the requestor submitted a withdrawal letter for codes 98940 and 97112 billed on date of service 3-18-04. Therefore, medical necessity fees were the only fees involved in this medical dispute.

The above Findings and Decision is hereby issued this 24th day of January 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision



Specialty Independent Review Organization, Inc.

Amended Report January 20, 2005

January 13, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-1012-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the records reviewed, the injured employee, ___, was injured in a work related accident on ___. The file notes that the employee was trying to move a car dolly by pushing it and felt a sharp pain in his low back causing him to fall to the ground causing further injuries. The records also note that the patient suffered a slip and fall while at work on ___. The patient had care extending from the ___ injury through ___.

Documents Reviewed

Numerous treatment notes, diagnostic tests, staffing notes, evaluations, and other documentation were reviewed for this file. Specific records identified include but are not limited to the following:

Medical Dispute Records
EOB's from the Insurance Carrier
Letter from Harris & Harris
Records from Treating Doctor
Report from Dr. McCrae
Report from Dr. Guess at Metrocrest Orthopedics
Reports from Dr. Ward at North Dallas NeuroDiagnostics
Report from Corvel
Report by Dr. Tomko
Report by Dr. Harvard
Report by Dr. Nguyen
Reports from Denton Regional Medical Center
Report from Dr. Frank at Metroplex Specialties
Multiple HCFA's
Multiple EOB's
Report from Dr. Armani
Report and FCE from Lonestar Rehabilitation
Report from Dr. Garcia
MRI Lumbar Spine
MRI Cervical Spine
CT Cervical Spine
CT Lumbar Spine
Report from Mobile Diagnostics of Texas
Notes from Southridge Chiropractic
Report from Dr. Beyer
Report from Rehabcorp
Report from Dr. Armstrong
Report from Ms. Marek
Notes from Ms. Matney

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of 98940&98941 – chiropractic manipulative treatment, spinal 1-2 & 3-4 regions; 97140 – manual therapy technique; 97112 – neuromuscular reeducation; 97780 – acupuncture, 1 or more needles w/o electrical stimulation; 97110 – therapeutic exercises; G0283 – electrical stimulation unattended; 97035 – ultrasound and 97530 – therapeutic activities from 12-4-03-2003 through 6-14-2004.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines, Medicare Payment Policies, and Occupational Medicine Practice Guidelines. The essential question in this case is the documentation submitted by the respondent refers to a ____ date of injury. The documentation submitted by the respondent refers to a ____ date of injury. This is an important criterion in deciding the medical necessity of the care in question. The HCFA's, EOB's, TWCC-60, and TWCC MR-117 identify the date of injury in _____. Relying on the ____ date of injury, Mr. ____ exceeds the normative data as established by the MDA for his injury. In fact, he is over four years post injury, which would exceed most practice guidelines for treatment of this type of injury consisting of conservative care and physical medicine/modalities. It cannot be established by the records if the symptoms are casually related to the injury from four years prior. The treating doctor does identify an injury/accident that occurs on ____ and the treatment under review by the treating doctor is directed towards the treatment of that particular injury in ____ and thus there is not adequate documentation that clearly identifies the treatment as casually related to the initial injuries four years prior.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director